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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/631,292 08/02/2000 PAT 6,734,834
 which claims benefit of 60/182,026 02/11/2000 *YES*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
**** 05/21/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 6	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
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 27130
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TITLE
 Method of providing images to a person with movement disorder

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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